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Approved for use through 07/31/2006, OMR 0651-0031

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	OFF)			Application Number	10/743,9	
متشفرة وكرابا	TR	ANSMITTAL		Filing Date	Decemb	er 22, 2003
		FORM		First Named Inventor	Joe A. H	larrison
				Art Unit	2839	
(to	be used for	all correspondence after initial	filina)	Examiner Name	Hae M.	Hyeon
`		Pages in This Submission	7	Attorney Docket Number	42P1708	36
			ENG	OCUPES 101 1		
			ENCI	LOSURES (Check a	ili that apply	
	Amendme Af Af Extension Express A	emittal Form (2 copies) ee Attached ent/Reply ter Final fidavits/declaration(s) of Time Request abandonment Request an Disclosure Statement Copy of Priority		Drawing(s) (1 sheet; 5 figur Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	ion Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):
Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53						
		SIGNA	TURE C	F APPLICANT, ATT	ORNEY, C	R AGENT
Firm N	ame	Blakely, Sokoloff, Taylo	or & Zafm	nan LLP		
Signature						
Printed	l name	Michael J. Mallie				
Date		August 1, 2005			Reg. No.	36,591

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Anne Collette

Date August 1, 2005

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Small Entity

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE AUG 0 5 2005 Under the Parierwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

J.	Effective on 12/08/2004.		
ees pursuant	to the Consolidated Appropriations Act,	2005 (H.R.	4818)

FEE TRANSMITTAL For FY 2005

	Applicant claims	small entity status.	See 37	CFR 1.2	7
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TOTAL AMOUNT OF PAYMENT

(\$)	450.	00
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	Complete if Known				
Application Number	10/743,958				
Filing Date	December 22, 2003				
First Named Inventor	Joe A. Harrison				
Examiner Name	Hae M. Hyeon				
Art Unit	2839				
Attorney Docket No.	42P17086				

METHOD OF PAYMENT (check all that apply)
Check Credit Card Money Order None Other (please identify):
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Tune		Small Entity		Small Entity	5	TION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Depende	ent Claims
20 or HP =	x		=	Fee (\$)	Fee Paid (\$)
HP = highest number of tota	I claims paid for, if gre	eater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

-3 or HP =

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	Extra Sheets	Number of each additional 50 or fraction there	<u>eof Fee (\$)</u>	Fee Paid (\$)
- 100 =	/ 50	= (round up to a whole number)	х	=
I. OTHER FEE(S)				Fees Paid (\$)
 Extension for resp 	onse within second	month (Fee Code 1252)		450.00

SUBMITTED BY			
Signature	a	Registration No. (Attorney/Agent) 36,591	Telephone 408-420-8300
Name (Print/Typ	oe) Michael J. Mallie		Date August 1, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.